THIS SPACE FOR OFFICE USE ONLY



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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RECEIVE 05 JAN 19

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI **LOBBYIST** NAME(Last) (First) (Middle) TELÉPHONE Hayakawa Cynthia 394-3451 MAILING ADDRESS (Street) FAX 516 Kawaihae St., #E (City) (State) (Zip Code) Honolulu, HI 96825 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** NAIFA Hawaii 394-3451 MAILING ADDRESS (Street) FAX 516 Kawaihae St., #E (City) (State) (Zip Code) Honolulu, HI96825

DADT II ODGANIZATION		
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
MAILING ADDRESS (Street)		FAX
(City)	(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
MAILING ADDRESS (Street)		FAX
(City)	(State)	(Zip Code)

PART	III DESCRIPTION OF SU	BJECTS UPON WHICH YOU	EXPECT TO LOBBY	
	Agriculture	Education	Human Services	Science, Technology & Economic Development
	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Cynthw Sa	gatacon	Jan 18, 2005		
	(Signature of Lobbyist)	(Date)		
V				
PART V AUTHORIZATION	N TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Brant Yamamoto		President		
NAME OF ORGANIZATION (if app	icable)	TELEPHONE		
NAIFA Hawaii		394-3451		
MAILING ADDRESS (Street)		FAX		
516 Kawaihae St.	, #E			
(City) Honolulu	(State) HI	96825 (Zip Code)		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
Brygg		1/18/05		
(Signature of Authorizing Officer or Person Represented) (Date)		ented) (Date)		